CALIFORNIA FORM A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS: COUNTY OF SACRAMENTO COVER PAGE COMMISSION OF SUPERVISORS



2011 JAN 13 PM 1:25 AN -6 PM 12:49

Annual: The period covered is January 1, 2010, through December 31, 2010or-	ease type or print in ink.		25 0 1712:49
Agency, or Court Agency Name Sacramento County Division, Board, Department, District, if applicable Board of Supervisors If filling for multiple positions, list below or on an attachment. Agency: Please see attached list. Position: Please see attached list. 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is/, through December 31, 2010. Assuming Office: Date12/ 14/ 10 The period covered is/, through the date of leaving office. The period covered is/, through the date of leaving office.	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Agency Name Sacramento County Division, Board, Department, District, if applicable Board of Supervisors If filing for multiple positions, list below or on an attachment. Agency: Please see attached list. Position: Please see attached list. County of C	erna ·	Phillip	Randall
Sacramento County Division, Board, Department, District, if applicable Board of Supervisors ► If filling for multiple positions, list below or on an attachment. Agency: Please see attached list. Position: Please see attached list. Position: Please see attached list. 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is	Office, Agency, or Court JAN 11 2011		
Division, Board, Department, District, if applicable Board of Supervisors If filing for multiple positions, list below or on an attachment. Agency: Please see attached list. Position: Please see attached list. Position: Please see attached list. 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is			
Division, Board of Supervisors Board of Supervisors If filing for multiple positions, list below or on an attachment. Agency: Please see attached list. Position: Please see attached list. County of Sacramento Other Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is/, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office. Assuming Office: Date1, through the date of leaving office.	Caciamento County _		
 ▶ If filing for multiple positions, list below or on an attachment. Agency: Please see attached list. Position: Please see attached list. Dudge (Statewide Jurisdiction) County of Sacramento County of Sacramento Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is/, through December 31, 2010. Assuming Office: Date/, through the date of leaving office. The period covered is/, through the date of leaving office. 	Division Board Department District if applicable	Your Position	
Agency: Please see attached list. Position: Please see attached list. 2. Jurisdiction of Office (Check at least one box) State Judge (Statewide Jurisdiction) County of Sacramento Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is	Board of Supervisors	Supervisor, District 1	
2. Jurisdiction of Office (Check at least one box) State Judge (Statewide Jurisdiction) County of Sacramento Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is/, through December 31, 2010. The period covered is/, through December 31, 2010. Assuming Office: Date1, through the date of leaving office. The period covered is/, through the date of leaving office.	▶ If filing for multiple positions, list below or on an attachment.		
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☐ State ☐ Multi-County ☐ City of ☐ City of ☐ Other ☐ Other ☐ Other ☐ County of Sacramento ☐ Annual: The period covered is January 1, 2010, through December 31, 2010. ☐ Other ☐ Check at least one box) ☐ Annual: The period covered is January 1, 2010, through December 31, 2010. ☐ Other ☐ Check one) ☐ The period covered is ☐ J ☐ J ☐ The period covered is January 1, 2010, through the date of leaving office. ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ J ☐ J ☐ The period covered is ☐ J ☐ J ☐ J ☐ J ☐ J ☐ J ☐ J ☐ J ☐ J ☐		· Ostaoni	
☐ Multi-County ☐ City of County of Sacramento	,	The trade of the t	
City of			
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010or- The period covered is/, through December 31, 2010. Assuming Office: Date12	Multi-County	County of Sacramento	
Annual: The period covered is January 1, 2010, through December 31, 2010or-	City of	Other	
Annual: The period covered is January 1, 2010, through December 31, 2010or-	Type of Statement (Check at least one box)		
2010or- The period covered is/, through December 31, 2010. The period covered is/, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office. The period covered is/, through the date of leaving office.	• •	Leaving Office: Date Left/_	
2010. leaving office. Assuming Office: Date 12 / 14 / 10 O The period covered is/, through the date of leaving office.	2010		
of leaving office.			2010, through the date of
	Assuming Office: Date 12 , 14 , 10	•	/, through the date
Candidate: Election Year Office sought, if different than Part 1:	Candidate: Election Year Office sought, if differe	ent than Part 1:	
4. Schedule Summary 5+attch	Schedule Summary		5+attch
Check applicable schedules or "None." ► Total number of pages including this cover page: 5+attch	Check applicable schedules or "None." ► Tot	al number of pages including this cover pages	age:
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached		· · ·	
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached			
☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule attached	Schedule B - Real Property - schedule attached	Schedule E - Income – Gitts – Travei Paym	ents – schedule attached
-or- [None - No reportable interests on any schedule		on any schedule	
There we report also meroste on any constant	There we reported a merosco	on any concare	
I certify under penalty of perjury under the laws of the State of California that	I certify under penalty of perjury under the laws of the State of California	that	
Date Signed 01/05/11 Signeture	01/05/11		
Date Signed (month, day, year) Signature	Date Signed Sign	ature	

- Area 4 Agency on Aging Advisory Council Director
- Regional Human Rights/Fair Housing Commission Boardmember
- Sacramento Area Flood Control Agency Director
- Sacramento Area Sewer District Director
- Sacramento Metropolitan Air Quality Management District Director
- Sacramento Metropolitan Cable Television Commission Boardmember
- Sacramento Public Library Authority Boardmember
- Sacramento Regional County Sanitation District Boardmember
- Sacramento Regional Solid Waste Authority Boardmember
- Sacramento Transportation Authority & Sacramento Abandoned Vehicle Service Authority – Boardmember
- Tobacco Securitization Corporation Director

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Phillip Randall Serna

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Revolution Wines, LLC	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
small commercial winery/tasting room	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	CALD MARKET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	T 2/00/000 - 2//000/000 T Over 2//000/000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 10	, , 40
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000 S	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
O missing received or approve inside (report on Scheding C)	O MODING TOCOMES OF GOOD OF MOTO (TOESOM ON SOMEOBIE O)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Phillip Randall Serna

NAME OF COURSE OF MICOME	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Bureau Veritas North America, Inc.	West Coast Code Consultants, Inc.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
11860 W. State Rd., Ste. E, Fort Lauderdale, FL	2400 Camino Ramon, Ste. 240, San Ramon, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
plans inspection	plans inspection
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
not affiliated - spouse's source of income	not affiliated - spouse's source of income
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \tag{\$1,001 - \$10,000}	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	∑ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnership
☐ Sale of	Sale of
(Property, car. boat, etc.)	(Property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
l	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
* You are not required to report loans from commercial	
	in the lender's regular course of business on terms
available to members of the public without regard to y	in the lender's regular course of business on terms your official status. Personal loans and loans received
	in the lender's regular course of business on terms your official status. Personal loans and loans received
available to members of the public without regard to y	in the lender's regular course of business on terms your official status. Personal loans and loans received
available to members of the public without regard to y not in a lender's regular course of business must be NAME OF LENDER*	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:
available to members of the public without regard to y not in a lender's regular course of business must be	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE Wone None
available to members of the public without regard to y not in a lender's regular course of business must be with the second seco	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE Wone SECURITY FOR LOAN
available to members of the public without regard to y not in a lender's regular course of business must be NAME OF LENDER*	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE Wone None
available to members of the public without regard to y not in a lender's regular course of business must be with the second seco	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE Whone SECURITY FOR LOAN None Real Property
available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence
available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE Whone SECURITY FOR LOAN None Real Property
available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN None Personal residence Real Property Street address
available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN Personal residence Real Property Street address City Guarantor
available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) ———————————————————————————————————

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Phillip Randall Serna

► NAME OF SOURCE	Ε		► NAME OF SOURCE	<u> </u>	
Stonewall De	mocratic Club	of Greater Sacramento			
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acc	eptable)	
P.O. Box 161	623, Sacramer	nto, CA 95816-1623			
	TY, IF ANY, OF SOL		BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
Democratic cl	lub				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 , 05 , 10	_{\$125.00}	Rainbow Chamber din.		\$	
	\$			\$	
	\$			\$	
NAME OF SOURCE	E		► NAME OF SOURCE	=	
Surewest					
ADDRESS (Busines	ss Address Acceptab	ile)	ADDRESS (Busines	s Address Acce	eptable)
8150 A Indust	trial Ave., Rose	eville, CA 95678			
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
communicatio	ons				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01,26,10	\$ <u>120.00</u>	Roseville Chamber din		\$	
	\$			\$	###
	\$			\$	
NAME OF SOURCE	<u> </u>		► NAME OF SOURCE		
Sacramento-S	Sierra Bldg. & (Constr. Trades Council			
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Busines	s Address Acce	eptable)
2840 El Centr	o Rd., Ste. 107	7, Sacramento, CA 95833			
BUSINESS ACTIVIT		The state of the s	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
labor union			11		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 , 25 , 10	\$250.00	RFDC dinner		\$	
	\$			\$	
	\$			\$	-

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Phillip Randall Serna

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE	▶ NAME OF SOURCE
Sierra Health Foundation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1321 Garden Highway	
CITY AND STATE	CITY AND STATE
Sacramento, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE S01 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
private philanthropic foundation	
DATE(S): 08 / 30 / 10 - 08 / 31 / 10 AMT: \$ 617.00	DATE(S):/
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Please see attached travel explanation.	DESCRIPTION:
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S)://
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
Comments:	

At the request of the Sacramento Mayor's Office, I participated in a two-day fact-finding trip to Columbus, Ohio from August 30-31, 2010. The purpose of the trip was to meet with various program directors, staff and public officials to inventory successful efforts to address the issue of homeless. All travel expenses including airfare, hotel accommodations, ground transportation and meals were paid for by a grant from the Sierra Health Foundation, the sponsor of the trip. Cost per person was \$617.